(1) PLACE OF BIRTH

County of Cherokee

Township of Gaffney

or

Inc. Town of Blacksburg

or

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3551

Registration District No. 1002 Registered No. 11

(For use of Local Registrar)

(No. ..... St. ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Jane Bradley (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month)	(Day)	(Year)
Girl			Yes	Feb	10	1922

FATHER.

(8) FULL NAME Charlie Bradley

(9) PRESENT POSTOFFICE OF FATHER Blacksburg S.C.

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE N. Car

(13) OCCUPATION Railroad Labor

(23) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Nelson

(15) PRESENT POSTOFFICE OF MOTHER Blacksburg S.C.

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 37 (Years)

(18) BIRTHPLACE N. Car

(19) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Claire Caine

(24) State whether Physician or Midwife Midwife

(25) Address of Physl. or Midwife Blacksburg S.C.

Given name added from supplemental report .....

..... 19 .....

Registrar

(26) Witness Mrs A Robertson

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 17 1922 (28) Mrs A Robertson

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

WARNING: REMOVED FOR BINDING

WHITE PAPER FOR PERMANENT RECORD

N. B.—In case of twins or triplets use a separate line for each. This is a permanent record and any erasure or alteration will render it illegible. Read the instructions carefully before filling out this certificate, and mark the letter of each question plainly.

Form No. 2, rev. to conform to U. S. Standard Certificate

Mitchell Printing Co., Columbia, S. C.